

INFORMATION PROFORMA FOR TRANSPORT OF RS

L. No. _____

Information	Details
Name & contact detail of the focal person	
Planned date & time of transport	
ID No. of RS (last three digits)	
Sr. No. of container(s) (if applicable)	
Movement From (address of site)	
Movement To (address of site)	
Duration of stay at the site (number of days)	
Name & contact detail of the Incharge who will receive the RS	
Name along with contact detail (mobile number) & CNIC of designated person travelling with the vehicle	
Details of vehicle along with Registration Number	
Transportation route plan (name of the highway/road, etc.)	
In transit storage locations (if applicable)	
Other information (if any)	

Signature and stamp: _____

Please send filled and duly signed Proforma preferably through fax to:

National Radiation Emergency Coordination Center (NRECC)

PNRA HQs, Mauve Area, G-8/1, Islamabad.

Fax	Telephone	Email
Primary: 051-9260201	051-9262019, 051-2289210	nrecc@pnra.org
Backup: 051-2289207	0300-8540319, 0334-5131978	
	Toll Free: 0800-77766	